


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90053 026 ****70.00

DOCUMENT # 739150 1. Entity Name BRANDON HOSPITAL AUXILIARY, INC.	
---	---

Principal Place of Business 119 OAKFIELD DRIVE BRANDON FL 33511	Mailing Address 119 OAKFIELD DRIVE BRANDON FL 33511
---	---



2. Principal Place of Business BRANDON HOSPITAL AUXILIARY, INC. Suite, Apt. #, etc.	3. Mailing Address 119 OAKFIELD DR Suite, Apt. #, etc.
--	---

1st MOORE CR2E037 (10/05)

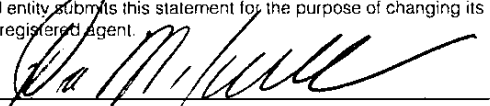
City & State BRANDON, FL.	City & State BRANDON, FL.
Zip 33511	Country USA

4. FEI Number 59-1745948	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent MCKELL, DEBRA (HOSPITAL LIAISON) 119 OAKFIELD DRIVE BRANDON FL 33511	
--	--

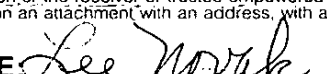
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE Feb. 2, 2006

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	------------------------------------	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLLINS, VANCH 3501 CASE JONES DRIVE VALRICO FL 33594 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARMISON, YVONNE 18507 LAKESHORE DRIVE LUTZ FL 33549 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NORMA, CRANNELL 625 STILLVIEW CIRCLE BRANDON FL 33510 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOVAK, LEE 1334 BIG PINE DRIVE VALRICO FL 33594 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOODMAN, PEG 515 E. BRENTRIDGE DR. BRANDON FL 33511 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEAVNER, DORIS 208 LAKE PARSONS DR., #403 BRANDON FL 33511 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TREASURER GEORGE REED 3811 HIGHGATE DRIVE VALRICO, FL. 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARY HUMBERON, SECRETARY 1216 E. CAMILLA DRIVE BRANDON FL. 33510

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE 	LEE NOVAK 2-2-06 813-681-5551